Page 1 of 3 WEB Complaint Detail

COMPLAINT

YOUR PERSONAL INFORMATION

Complaint ID: Name:

> Race: WHITE Address :

Sex: FEMALE Age: 56

Your contact information

Best time to contact: 09:00 AM

Primary Contact Phone

Number:

E-mail Address :

Your injury information

Were you injured in this NO incident?

Please describe the injury:

Did you need medical NO attention?

Please describe the medical

treatment:

Hospital/Medical Center:

INFORMATION ABOUT THE INCIDENT

CPD WAS CONTACTED FOR A CRIMINAL TRESPASS COMPLAINT WITH OFFENDER IN CUSTODY. UPON THEIR ARRIVAL, THE OFFENDER ADMITTED TO POLICE THAT SHE KNEW SHE WAS BARRED FROM THE PROPERTY, OFFICER MERCADO STATED TO SECURITY, "THERE HAS BEEN ONE TOO MANY OCCURRENCES HERE, NOT WITH YOU, BUT WITH THE POLICIES AND DIANA GETS HER HEAD UP HER ASS." THEY TOOK

Description of the incident

THE OFFENDER WITHOUT PROVIDING AN RD NUMBER OR COURT DATE AND ULTIMATELY THE OFFENDER WAS NOT ARRESTED. SECURITY WAS

NEVER GIVEN THE OPPORTUNITY TO SIGN A COMPLAINT FOR TRESPASS, ALTHOUGH OFFENDER WAS REMOVED FROM THE

PROPERTY, SHE WAS NOT CHARGED.

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Location of the incident

Street Number: Direction: N Street Name : Apt No.:

Building Name : Floor: Unit:

Location Description: MULTI UNIT RESIDENTIAL PROPERTY

Incident Date and Time

Evidence

Video Evidence : NO Audio Evidence : NO

INFORMATION ABOUT THE POLICE OFFICERS

Police officer #1

Last Name: MERCADO First Name: Star No..:

Rank: POLICE OFFICER Assigned Unit: 018 On Duty: YES

Sex: MALE Race: WHITE HISPANIC

Officer Description: M/WHITE HISPANIC, 5'5", 200 LBS

Police Vehicle Beat Number: 1813 Vehicle Number: 8390 License Plate:

Vehicle Description: MARKED SQUAD CAR

Police officer #2

Last Name: MULCAHY First Name: Star No..:

Rank: POLICE OFFICER Assigned Unit: 018 On Duty: YES

Sex: MALE Race: WHITE HISPANIC

Officer Description: M/W, 6'1", 215 LBS

Police Vehicle Beat Number: 1813 Vehicle Number: 8390 License Plate:

Vehicle Description:

INFORMATION ABOUT VICTIMS AND WITNESSES

Witness #1 personal information

Last Name: Sex : MALE

Race: BLACK Age: 40 Contact:

Witness #1 injury information

Was the witness injured in NO this incident?:

Please describe the injury: Did the witness need medical NO attention?:

Please describe the medical treatment:

Witness #2 personal information

Last Name :

Race: BLACK

Witness #2 injury information

Was the witness injured in NO this incident?:

Please describe the injury: Did the witness need medical NO attention?:

Please describe the medical treatment:

Witness #3 personal information

Last Name:

Race: BLACK

Witness #3 injury information

Was the witness injured in NO this incident?:

Please describe the injury: Did the witness need medical_{NO}

attention?:

Please describe the medical treatment:

Hospital/Medical Center:

First Name Sex: MALE Age: 46 Contact:

Hospital/Medical Center:

First Name : Sex: MALE **Age:** 34 Contact:

Hospital/Medical Center: